



Making Health Care Better for Everyone

SIMNSA Health Plan- 2014

SERVICES	BENEFITS
Deductible (individual/family)	None
Annual Out-Of-Pocket Maximum (individual/family)	None
General Benefits	
PCP Office Visit	\$5 copay
Specialist Office Visit	\$5 copay
Preventive Care	No copay
Inpatient Hospital Care	No copay
Mental Health Services (outpatient/inpatient)	Inpatient: No charge Outpatient: \$5 copay
Substance Abuse Services(outpatient/inpatient)	Inpatient: No charge Outpatient: \$5 copay
Infertility	
Infertility	Before you enroll, call the health plan at (619) 407-4082 or 683-29- 02 to ensure that you can obtain the health care services that you need
Outpatient Benefits	
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No copay
Outpatient Surgery	No copay
Outpatient Physical/Rehabilitation Therapy(PCP/Specialist)	\$10 copay
Urgent/Emergency Benefits	
Urgent Care	\$25 copay per visit (in plan's area) \$50 copay per visit (at any out-of-area urgent care facility)
Emergency Room (Copay waived if admitted)	\$25 copay per visit (in plan's area) \$100 copay per visit (at any out-of-area emergency facility)
Prescription Drug Benefits	
Retail Prescription Drugs (generic/preferred/non-preferred)	\$5 copay
Mail Order Prescription Drugs (generic/preferred/non-preferred)	Not Covered
Chiropractor Benefits	
Chiropractor Services	Not Covered

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits rights or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.

MONTHLY RATES	
Individual	\$193.62
Individual + One Dependent	\$338.53
Family	\$496.64

